



Montana Asthma Control Program Group School Nurse Mini-Grant Application

Please complete the following information and return it by mail or fax to:

Attn: Matthew Herington, Montana Asthma Control Program

PO Box 202951

Helena, MT 59620-2951

Phone: 406-444-0995

Fax: 406-444-7465

Alternatively, you may use the "Submit" button on the second page of this application to submit this form via e-mail.

Group awards will be given to three or more nurses who wish to do a project together instead of applying for an individual award. Please follow the required group guidelines for each project that are attached to this application.

Step 1: Contact Information-Please choose one lead nurse as the primary contact person for the award

Primary Contact Name	
Nursing Credentials	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
E-mail Address	
Home Address	
Work Address	
Phone Number	
County	
Other nurses in group:	Credentials
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
Name	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:

Step 2: Background Information

1. For which schools or districts do the nurses in your group provide nursing services?
2. Approximately how many students does your group provide nursing services for?
3. How many hours per week do the members of your group provide nursing services in the school setting?
4. Briefly describe how asthma affects the students in your care. Include the approximate number of students with known asthma that the nurses in your group care for.
5. How will this grant assist you in providing help to students with asthma?

Step 3: Choose a Project

Check the box beside the project you will implement.

- ☐ School Staff Training
- ☐ Partnering with Parents
- ☐ Assessing Asthma Friendly School Policies and Practices
- ☐ Home Environmental Assessments
- ☐ Teaching an Asthma Self-Management Curriculum

A full description of each project is attached to this application. For further clarification about any of the projects, please contact Matthew Herington at the Montana Asthma Control Program: 406-444-0995.

Step 4: Letter of Support

Attach one letter of support from a school administrator on official letterhead to this application. The letter should indicate his or her approval of the project and support of your group's efforts. No special form is required.

Part 5: Budget

For group grantees, the grant provides an award of \$1500. Please indicate below how you intend to allocate the award money. You may use the money to compensate your group members for their time, purchase supplies and make copies, cover meeting expenses and travel, purchase demonstration tools, or for any other activity that is related to improving asthma outcomes at your schools. A sample budget is provided below, but this serves as a recommendation only, as expenses will vary based on the project chosen. You may allocate the money as you see fit.

	Sample Budget	Your Budget
Hourly Wage	\$1000	
Printing/Copying	\$150	
Meeting Expenses	\$100	
Travel	\$50	
Other (supplies, tools, etc.)	\$200	
Total	\$1500	\$1500

Part 5: Signature

We certify that the information presented herein is accurate. If we are chosen to receive the award, we will complete the project and return the outcomes report to the Montana Asthma Control Program by December 15, 2010. If we receive the award, we give permission for our names and the news of our award to be released to our school's administration and board, as well as to the local media.

Primary Contact Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

(For e-mail submission, type your names above.)

Thank you for applying for a school nurse mini-grant. If you do not hear from us within two weeks of applying for the award, please contact Matthew Herington directly at 406-444-0995.